A TO THE TOTAL TOT Atty. Docket No.: 0183 THE UNITED STATES PATENT AND TRADEMARK OFFICE Woitach, J. Examiner: Robinson, et al. cation of: 09/484,629 Serial No.: Group Art Unit: January 18, 2000 Filed: **OBESITY GENE** Entitled: Commissioner for Patents

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8
I hereby certify that this correspondence (and any paper or fee referred to as being enclosed) is being deposited with the United States Post Office as Express Mail on the date indicated below in an envelope addressed
to Commissioner for Patents, Washington, D.C. 20231. Express Mail No. EL591998168US
Kathleen M. Williams Name of Person Mailing Paper
Signature of Person Mailing Paper

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Washington, D.C. 20231

AMENDMENT TRANSMITTAL LETTER

Sir:

Transmitted herewith is an amendment in response to the Office Action mailed 1. on 02/02/01 in the above-referenced patent application.

STATUS

2.	Appl	Applicant is			
	X	a small entity.			
		other than small entity.			

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 3. CFR 1.136 apply.

X	Applicant petitions for a	an extension of time under	37 CFR 1.136	
	Extension	Fee for other than	Fee for	
	(months)	small entity	small entity	
X	ONE month	\$110.00	\$55.00	
$\hat{\Box}$	TWO months	\$390.00	\$195.00 - 55 =	140
H	THREE months	\$890.00	\$445.00	
H	FOUR months	\$1,390.00	\$695.00	
H	FIVE months	\$1,890.00	\$945.00	
ليا	11 , 2 monus	Fee	\$ 55.00	

If an additional extension of time is required, please consider this a petition therefor.

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(a)		An extension for has already been secured and the fee paid therefor of \$\frac{1}{2}\$ is deducted from the total fee due for the total months of extension now requested.							
	Extension fee due with this request \$								
OR									
(b)	conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								
4.	FEE FOR CLAIMS 4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:								
CLAIMS	S AS AMI	ENDED	(1)	(2)	(3)				
	*		CLAIMS REMAINING AFTER AMENDMENT	(2)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	
TOTAL CLAIMS				minus			x \$18		
INDEPENDENT CLAIMS				minus			x \$80		
MULTIP DEPEND ADDED	LE DENT CLA	AIM	Yes/No				\$270		
						TOTAL			
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here. SMALL ENTITY TOTAL								
(c)	(c) No additional fee for claims is required.								
	OR								
(d)	(d) Total additional fee for claims required \$								
FEE PAYMENT									
5.	X	Attach	ned is a check i	in the sum o	f \$55.00				

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Charge Deposit Account No. 16-0085, Reference No. 018396/1140 any additional necessary fees.

A duplicate of this transmittal is attached.

Respectfully submitted,

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